

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034411  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 228 Primary Registration District No. 200 Registrar's No. 1445

FILED OCT 1 1962

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SPRINGFIELD</b>		c. CITY OR TOWN <b>SPRINGFIELD</b>	
Length of stay in 1b <b>12 YRS.</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>D.O.A. ST. JOHN'S HOSP.</b>		d. STREET ADDRESS (If outside, give location) <b>2604 E. GREENWOOD</b>	
3. NAME OF DECEASED (Type or print) First <b>THOMAS</b> Middle <b>J.</b> Last <b>LOFINO</b>		4. DATE OF DEATH Month <b>SEPT.</b> Day <b>25</b> Year <b>1962</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5/28/19</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RESTAURANT OPERATOR</b>		11. BIRTHPLACE (City and state or country) <b>DAYTON, OHIO</b>	
13a. FATHER'S NAME <b>DOMINIC LOFINO</b>		14. NAME OF HUSBAND OR WIFE <b>RUTH V. LOFINO</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of service) <b>YES W.W. # 2</b>		17. INFORMANT Address <b>RUTH V. LOFINO, SPRINGFIELD, MO.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Infarction; Acute, Recurrent</b> DUE TO (b) <b>Arteriosclerotic Coronary Thrombosis</b> DUE TO (c) <b>Hypertensive Cardiac-Vascular Disease</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Diabetes Mellitus</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>None</b>	
20c. TIME OF INJURY Hour <b>9:00</b> a.m. <b>9:00</b> p.m. Month; Day; Year <b>6-29-57</b>		20f. CITY, TOWN, OR LOCATION <b>SPRINGFIELD, MO.</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>6-29-57</b>	
21. I attended the deceased from <b>6-29-57</b> to <b>9-25-62</b> and last saw him alive on <b>8-25-62</b> Death occurred at <b>9:00</b> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS <b>609 Cherry, Springfield, MO.</b>	
22a. SIGNATURE <b>W. H. Lohmeyer, M.D.</b>		22c. DATE SIGNED <b>9/26/62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>9-28-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>RESURRECTION CEM.</b>	23d. LOCATION (City, town, or county) <b>SPRINGFIELD, MO.</b>
24. FUNERAL DIRECTOR <b>H. H. LOHMEYER FUNERAL HOME</b>		25. DATE RECD. BY LOCAL REG. <b>9-27-62</b>	
26. REGISTRAR'S SIGNATURE <b>E. B. Miller</b>			

H. H. LOHMEYER FUNERAL HOME  
SPRINGFIELD, MO.

9-27-62

E. B. Miller

(Licensed Embalmer's Statement on Reverse Side)

W.I. PARK.  
USE BLACK INK  
OR  
TYPEWRITER RIBBON

2961 2 100  
OCT 2 1962

Permit 9-27-62

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Levin L. Swadley

Licensed Embalmer No. 4815

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.